

PHYSICIAN'S ORDERS

Allergies:	Weight:	Height:
<ul style="list-style-type: none"> ▪ Discontinue all previous analgesics. ▪ Dosing is based on pain scale/algorithm on back of form. ▪ Check with physician before giving more than one analgesic and/or anxiolytic for background, procedure or prn within 60 minutes. ▪ Acetaminophen – Do not exceed 4 grams per day. 		
Implement analgesic orders up to <input style="width: 50px; height: 20px;" type="text"/> hours		
Background Pain (choose one only)		
<input type="checkbox"/> FOR ICU ONLY: Morphine sulfate _____ mg/hr continuous IV infusion <input type="checkbox"/> Hydromorphone _____ mg PO every _____ hours <input type="checkbox"/> Morphine sulfate Controlled Release (MS Contin [®]) _____ mg PO every _____ hours <input type="checkbox"/> Morphine Sulfate oral liquid _____ mg PO every _____ hours <input type="checkbox"/> Hydrocodone 10 mg /acetaminophen 325 mg (Norco [®]) _____ tablet(s) PO every _____ hours <input type="checkbox"/> Hydrocodone 5 mg/acetaminophen 325 mg (Norco [®]) _____ tablet(s) PO every _____ hours <input type="checkbox"/> Other: _____		
Breakthrough Pain (choose one drug and dose for each level of pain intensity; severe 7-10; moderate 4-6, mild 1-3)		
<input type="checkbox"/> Morphine Sulfate _____ mg IV every _____ hours prn pain scale of _____ <input type="checkbox"/> Morphine Sulfate oral liquid _____ mg PO every _____ hours prn pain scale of _____ <input type="checkbox"/> Hydrocodone 10 mg /acetaminophen 325 mg (Norco [®]) One tablet PO every _____ hours prn pain scale of _____ <input type="checkbox"/> Hydrocodone 10 mg /acetaminophen 325 mg (Norco [®]) Two tablets PO every _____ hours prn pain scale of _____ <input type="checkbox"/> Hydrocodone 5 mg/acetaminophen 325 mg (Norco [®]) One tablet PO every _____ hours prn pain scale of _____ <input type="checkbox"/> Hydrocodone 5 mg/acetaminophen 325 mg (Norco [®]) Two tablets PO every _____ hours prn pain scale of _____ <input type="checkbox"/> Other: _____		
Procedural Pain (choose one only)		
<input type="checkbox"/> Morphine Sulfate _____ mg IV every _____ hours for procedure/dressing change <input type="checkbox"/> Morphine Sulfate oral liquid _____ mg PO every _____ hours for procedure/dressing change <input type="checkbox"/> Hydrocodone 10 mg /acetaminophen 325 mg (Norco [®]) _____ tablet(s) PO every _____ hours for procedure/dressing change <input type="checkbox"/> Hydrocodone 5 mg/acetaminophen 325 mg (Norco [®]) _____ tablet(s) PO every _____ hours for procedure/dressing change <input type="checkbox"/> Other: _____		
Agitation Management		
<input type="checkbox"/> FOR ICU ONLY: Midazolam _____ mg/hr continuous IV infusion [only for mechanically ventilated patients] <input type="checkbox"/> Hold Midazolam daily at <input type="checkbox"/> 0530 or <input type="checkbox"/> _____; check RASS at <input type="checkbox"/> 0630 or <input type="checkbox"/> _____ and notify MD <input type="checkbox"/> FOR ICU ONLY: † Haloperidol _____ mg IV every _____ hours <input type="checkbox"/> around the clock <input type="checkbox"/> prn agitation (delirium) <input type="checkbox"/> FOR ICU ONLY: † Risperidone _____ mg po every _____ hours for delirium <input type="checkbox"/> † Quetiapine _____ mg PO every _____ hours <input type="checkbox"/> around the clock <input type="checkbox"/> prn agitation (delirium) **Need psychiatry approval** † For patients on haloperidol, quetiapine or risperidone, check corrected QT interval (QT _c) before each dose. Hold and notify physician if QT _c is greater than 450 milli-seconds for male patients, or if QT _c is greater than 470 milli-seconds for female patients.		
Anxiety with Procedure (choose one only)		
<input type="checkbox"/> FOR ICU ONLY: Midazolam _____ mg IV every _____ hours prn procedure/dressing change <input type="checkbox"/> Lorazepam _____ mg <input type="checkbox"/> IV <input type="checkbox"/> PO every _____ hours prn procedure/dressing change		
Antiemetic		
<input type="checkbox"/> Ondansetron 4 mg IV every 8 hours prn nausea/vomiting <input type="checkbox"/> Other: _____		

Date	Time Written	Physician's Signature		IMPRINT ID CARD (NAME MRUN CLINIC/WARD)
Physician's ID Number		Service		
RN's Signature		Date	Time	
		Scanned By		
PHYSICIAN'S ORDERS		BURN CENTER ADULT PAIN/AGITATION ORDERS		

ALGORITHM FOR PAIN MANAGEMENT IN ADULT BURN PATIENTS

ICU	WARD
<p>1. Severe Pain (pain scale 7 – 10)</p> <p>A. Background pain:</p> <p>I. Morphine continuous IV infusion with or without Midazolam continuous IV infusion</p> <p>B. Procedural or Breakthrough pain:</p> <p>I. Morphine IV push with or without Midazolam or Lorazepam IV push</p> <p>2. Moderate Pain (pain scale 4 – 6)</p> <p>A. Background pain:</p> <p>I. Hydromorphone Oral around the clock with or without Lorazepam OR</p> <p>II. Morphine controlled release Oral (MS Contin[®]) around the clock with or without Lorazepam</p> <p>B. Procedural or Breakthrough pain:</p> <p>I. Morphine IVP with or without Midazolam or Lorazepam</p> <p>3. Mild pain (pain scale 1 – 3)</p> <p>A. Background pain:</p> <p>I. Non-steroidal anti-inflammatory drugs OR Acetaminophen if not contraindicated (if insufficient can use Norco[®] 10/325 mg OR Norco[®] 5/325 mg around the clock).</p> <p>B. Procedural or Breakthrough pain:</p> <p>I. Norco[®] 10/325 mg OR Norco[®] 5/325 mg</p>	<p>1. Severe Pain (pain scale 7 – 10)</p> <p>A. Background pain:</p> <p>I. Morphine controlled release Oral (MS Contin[®]) around the clock with or without Lorazepam</p> <p>B. Procedural or Breakthrough pain:</p> <p>I. Morphine IV push with or without Lorazepam OR</p> <p>II. Morphine Oral with or without Lorazepam</p> <p>2. Moderate Pain (pain scale 4 – 6)</p> <p>A. Background pain:</p> <p>I. Norco[®] 10/325 mg around the clock OR</p> <p>II. MS Contin[®] (if Norco[®] 10/325 mg is insufficient)</p> <p>B. Procedural or Breakthrough pain:</p> <p>I. Norco[®] 10/325 with or without Lorazepam</p> <p>3. Mild pain (pain scale 1 – 3)</p> <p>A. Background pain:</p> <p>I. Non-steroidal anti-inflammatory drugs OR Acetaminophen if not contraindicated (if insufficient, can use Norco[®] 5/325 mg[®] around the clock).</p> <p>B. Procedural or Breakthrough pain:</p> <p>I. Norco[®] 10/325 mg OR Norco[®] 5/325 mg</p>

Note: Avoid non-steroidal anti-inflammatory drugs before surgery

Dosing Guideline for Reversal Agents

	Naloxone	Flumazenil
Adult	Initial: 0.2-0.4 mg IV then repeat PRN every 2-3 minute intervals.	Initial: 0.2 mg IV then may repeat 0.5 mg IV at 1 minute intervals to max of 3 mg.